



Kimberly A. Foster
Executive Director

LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

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DR. HARRIETTE F. WILLIAMS
TRULA J. WORTHY-CLAYTON

APPROVED MINUTES

A Special Meeting of the Commission for Children and Families was held on Tuesday, **September 4, 2007**, in room 140 of the Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles. **Please note that these minutes are intended as a summary and not as a verbatim transcription of events at this meeting.**

COMMISSIONERS PRESENT (Quorum Established)

Carol O. Biondi
Ann Franzen
Helen A. Kleinberg
Dr. La-Doris McClaney
Sandra Rudnick
Stacey Savelle
Adelina Sorkin
Trula J. Worthy-Clayton
Dr. Harriette F. Williams

COMMISSIONERS ABSENT (Excused/Unexcused)

Patricia Curry
Susan F. Friedman
Rev. Cecil L. Murray

APPROVAL OF AGENDA

The agenda for the September 4, 2007, meeting was unanimously approved.

APPROVAL OF MINUTES

The minutes of the August 20, 2007, general meeting were unanimously approved.

CHAIR'S REPORT

- Chair Kleinberg introduced student worker Leora Katz, a master's of social work student at the University of Southern California who will be interning in the Commission office on Mondays, Wednesdays, and Fridays.

- A slate of prospective Commission officers should be presented at the next meeting, prior to the election in early October. As Nominations Committee chair, Commissioner McClaney encouraged Commissioners to consider candidacy for the chair and vice chair seats.
- Executive director Kimberly Foster explained new agenda procedures for the Commission that are intended to increase efficiency during its two-hour meetings. Lengthy follow-up items will be limited to three or four per meeting, while shorter items—a request for a certain statistic, for example—may be presented in writing. Commissioner interest will prioritize the hearing of follow-up items, and ‘catch-up’ agendas, with few or no new presentations, will be scheduled as necessary.

Commission staff asks that materials for presentations be submitted no later than Monday morning of the week prior to the presentation, so documents can be mailed to Commissioners in advance of meetings.

- Chair Kleinberg reminded Commissioners to go through the office when requesting information or materials from departments, so that requests can be coordinated.

DIRECTOR’S REPORT

Department of Children and Family Services director Trish Ploehn updated Commissioners on several issues.

- Dawna Yokoyama distributed a fact sheet on Linkages, a collaboration between DCFS and the Department of Public Social Services designed to integrate child welfare services and CalWORKs. A statewide project that was piloted in more than a dozen counties before being adopted in Los Angeles, Linkages is seen as a timely strategy within the county’s overall prevention initiative. The program was begun in the San Fernando Valley, Metro North, and Torrance offices, and will move into seven additional DCFS offices before the end of 2007.

GAIN (Greater Avenues to Independence) workers are outstationed in DCFS offices to cross-pollinate knowledge about DPSS resources for families to help prevent detention, participate in team decision-making conferences when appropriate, work with family preservation agency staff, and expedite applications for DPSS programs. When children are detained, workers can also ensure that families continue to take advantage of job training and other programs for which they are eligible even after cash benefits cease. Emergency housing may also be available for victims of domestic violence, which is prevalent in the San Fernando Valley, particularly among undocumented immigrants ineligible for GAIN or CalWORKs. (Finding community resources and services for this population is a challenge, Ms. Yokoyama acknowledged.) A future focus for the program may include ensuring DPSS help for youth returning from group homes or participating in wraparound services.

A state grant provided start-up training for Linkages, and training and consultant services are ongoing costs. DPSS director Philip Browning has promised to front the

next seven DPSS workers if CalWORKs allocations do not cover them, and Ms. Ploehn said that money would be found to continue the program.

Vice Chair Sorkin asked how parents have been affected by the DCFS office's move from North Hollywood to Chatsworth, and Ms. Yokoyama said that staff are making efforts to provide bus passes and other transportation assistance, and community partners are offering space for meetings. Supervisor Yaroslavsky recently took the lead on a third try for a long-planned family resource center in the East San Fernando Valley, which is targeted to open its doors in 2012. Further efforts aren't waiting for that facility, however, and a memorandum of understanding with a Pacoima charter school is being finalized to outstation social workers in elementary schools.

- Ms. Ploehn distributed a 'fast facts' sheet outlining the department's progress in reducing the numbers of children in care, reunifying children with their families more quickly, and moving children into alternative permanency arrangements. She credits the five major strategies begun three years ago for these gains; when point of engagement rolls out in three more offices and concurrent planning in seven, all those strategies will then be implemented countywide. (Delays have been caused by union staffing requirements.) Commissioners requested a breakdown of these statistics by age, by SPA, and by DCFS office. Ms. Ploehn also distributed a chart of family language statistics, broken out by SPA.
- A two-tiered panel has interviewed five candidates for the open senior deputy director position, and the executive search firm has obtained several more résumés for consideration. No final selection has yet been made.
- Several DCFS units and programs have received quality and productivity awards, and will participate in the October awards ceremony.
- A multimillion-dollar shortfall in the department's budget for this year is expected, and discussions with the Chief Executive Office are scheduled for this afternoon. Over the past two weeks, DCFS managers have identified possible cuts in services, supplies, and staffing. No layoffs are planned, but vacant items may be curtailed.

CHILD FATALITY COMMITTEE REPORT

Commissioner Savelle reported on a recent meeting of the critical incident/child fatality report group, which used case examples to discuss streamlining the reporting format, identified systems and policy issues to be addressed, and considered how to make better use of what is being learned through the death review process.

In reviewing the fatality log, Commissioner Biondi noted that at least 28 young people have been killed by guns in drive-by shootings or other incidents since January. She asked that the Commission request from the Probation Department information on how many of these youth were known to that department, what services had been provided to them, whether a case was open for them at the time of their deaths, and whether the fatal incidents were gang-related. She also asked for information on the numbers of probation

youth AWOL from suitable placements, which has historically run between 500 and 600 at any given time.

The child fatality review committee cannot review Probation cases, said Katie Fesler of County Counsel, since its authorizing blanket order extends only to cases associated with the dependency court. The Probation Department has a review process for youth who die in custody, and a separate process for reporting to the court on children who die under Probation supervision in suitable placements or at home. Probation often has little information on whether youth or their families have gang affiliations, however, since that data is tracked by the Sheriff's Department, which allows very few people access to its computer system. And though no confidentiality protection exists for deceased children, their parents and siblings are often protected.

Commissioner Worthy-Clayton urged parallelism in the DCFS and Probation review processes and suggested gathering statistics in the aggregate to identify systemic issues. Chair Kleinberg asked the child fatality committee to work with Commission staff to gather the needed information from Probation and to research the possibility of a blanket order allowing Probation case reviews.

FAITH-BASED COMMITTEE REPORT

Commissioner Franzen reported on the August 23 luncheon hosted by the faith-based group at DCFS's Belvedere office, which was attended by clergy and staff from 15 local houses of worship. Many went back to their congregations with information on becoming foster families, or with photographs of specific children. Commissioner Franzen thanked Commissioner Worthy-Clayton and Ms. Foster for speaking to the group.

Two thousand people are expected to attend the Torrance office's Day in the Park for foster families on September 15, and 200 booths will be set up by local congregations.

KATIE A. UPDATE

The Board of Supervisors has approved the Katie A. corrective action plan and spending in 2007–2008 of \$40.6 million, with a net county cost of \$23.3 million. The Chief Executive Office has identified sources for \$17.3 million of that—\$4 million from ongoing funds and the balance from one-time sources—with \$6 million to be identified during the supplemental budget process. (Existing MacLaren Children's Center funds, \$4 million, will be used and that account exhausted.) In 2008–2009, Katie A. spending will reach \$85 million, with a net county cost of \$35.7 million. The corrective action plan approved by the Board, Susan Kerr pointed out, covers only phase one of the settlement; phase two, increasing co-located staff into all SPAs, calls for a further \$32.4 million in spending, with a net county cost of \$6.4 million.

The plan will begin in November, with 500 wraparound slots in place (Probation youth will also have access to these) and the first of 300 therapeutic foster care beds rolling out. The multidisciplinary assessment team (MAT) process will also be implemented county-wide, and it is hoped that the burgeoning infrastructure will help reduce MAT expenses, trimming the unbillable costs now fronted by contract agencies. The Board has also asked

the Chief Executive Office to look at reducing costs associated with wraparound, and copies of that motion were distributed.

A two-day retreat with the Katie A. oversight panel was held on August 23 and 24, and participants agreed to practice principles emphasizing that services should be driven by the needs of children and families, that multiagency collaborative teams are essential, and that services and agencies should be responsive to the cultural characteristics of those they serve. A meeting with County Counsel has been scheduled to discuss the retreat. Approximately \$100,000 a year is budgeted for the oversight panel, and DCFS is working with panel members to establish exit criteria for sunseting its involvement. Key pieces for those criteria are program outcomes, the evaluation tool being used, and strengthening performance-based contracts.

With regard to reducing wraparound costs, Susan Kerr confirmed that the cost per child mentioned in the Board motion is really the average cost of providing services to an entire family. Other models in use around the state are less expensive, and Los Angeles needs to make sure what it's doing is appropriate, especially since new slots, targeted to children now in high-level placements, will all be net county cost. Wraparound covers residential care and educational, job-related, and family services, but mental health is not included. Commissioner Biondi suggested also looking at multidimensional treatment foster care beds and multisystemic therapy placements, since children might be well served there, too. She particularly stressed comparing the costs of those placements to the costs of incarcerating youth in camps and juvenile halls, or with the youth authority. Chair Kleinberg also asked about tools for assessing families' ability to have children returned to them, since the longer a child is away, the less likely reunification becomes.

MULTIDISCIPLINARY ASSESSMENT TEAM (MAT) UPDATE

The multidisciplinary assessment team (MAT) process is a collaboration between DCFS and the Department of Mental Health that provides comprehensive assessments for children entering out-of-home placement. Marilynn Garrison distributed several documents:

- A MAT process flowchart
- A count of MAT referrals and completions by office
- A MAT referral form
- A sample minute order for a MAT assessment
- A sample letter to foster care providers about the switch away from paper Medi-Cal cards
- A breakdown of the specific mental health needs of children receiving MAT assessments in early 2007
- Weekly MAT capacity reports from SPAs 3 and 6
- Findings from a study of the program performed by the Los Angeles Child Guidance Clinic in 2006

In eight offices in SPAs 3 and 6, emergency response workers may ask the court to order children to undergo the MAT process. Once that order is received, a MAT coordinator in each office—who usually also facilitates team decision-making conferences or has other

duties—coordinates with the contracted MAT providers, 10 agencies in each SPA. MAT coordinators are generally aware of different agencies' specialties in terms of the age groups they serve and other factors, and that information is updated regularly.

Ideally, MAT providers sit in on the initial team decision-making conference for the child, and once clinicians gather more information during the 45-day MAT window, another family meeting is run along the same lines as a TDM conference. (The union, Ms. Garrison said, is very contentious about holding TDMs at set points in a case, but those meetings are essential to informed case decisions.) Following that, telephone interviews with MAT families gather qualitative opinions of the process and make that feedback available to providers. Though she was reluctant to draw a direct correlation, Ms. Garrison has observed that offices using the MAT process are reunifying children with their families more quickly than are other offices. Non-MAT offices are also seeing the value of the process and sometimes calling on MAT coordinators for assistance.

If developmental issues are uncovered during an assessment, a Regional Center team—a D rate worker, co-located County Counsel, and a Regional Center liaison—meets regularly in each office to help navigate referrals. In addition, all detained children move through the DCFS medical hubs for developmental screenings, so the connections to Regional Centers are many. Staff try to make providers aware of new assessment tools being designed for children under age three, and work closely with school districts for school-age children. The new education liaisons are being brought into the MAT process, Ms. Garrison said, and are having a tremendous positive impact.

Chair Kleinberg raised the longstanding question of the severity of mental illness necessary before services are provided. A detained child may be traumatized enough by circumstances to need short-term mental health treatment, yet not have a lifelong condition. Greg Lecklitner from the Department of Mental Health sees some improvement in this area, with more cross-training around disorders listed in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) and other tools. At the medical hubs, Dr. Charles Sophy added, screenings can recommend six months of treatment for adjustment disorders. With co-located mental health staff, short-term interventions can happen quickly and children can get treatment services right away.

For children who have spent a long time in the system, Chair Kleinberg continued, little urgency seems to exist to examine their case plans and find out why they are not improving, and are sometimes even getting worse. In the D rate population, Dr. Sophy said, a review is held every six months that looks at case goals, medical and educational information, provider assessments, and so on. With other 'back end' cases, the team decision-making process triggers a similar review, and Dr. Sophy also wants medical hub evaluations for F rate cases and other long-term residents of out-of-home care.

Over a year-long period, the Katie A. corrective action plan requires a mental health screening for each of the 6,000 children placed with foster family agencies. If issues are discovered, co-located staff will refer for full assessments and treatment—including minimal medication, if appropriate, and the monitoring of that medication—even if the

youth is approaching emancipation. The Katie A. plan also calls for a utilization review of all high-end placements, particularly in group homes, to look at alternatives for those children such as wraparound or the new therapeutic foster care slots. The resource management process is jointly staffed by DCFS and DMH, and the standardized Child and Adolescent Needs and Strengths (CANS) tool will be part of each child's assessment.

Commissioner Biondi asked how the new county governance structure would affect departments' ability to work with agencies placed in other clusters; DCFS and DMH, for example, are in separate clusters, and Probation is in yet a third, along with the Sheriff's Department and the District Attorney. She encouraged some process to present information on how the new organization is or isn't working. Susan Kerr said that the deputy Chief Executive Officers in charge of each cluster have been specifically tasked with encouraging integration and collaboration, and extensive feedback on the structure and its potential pitfalls has been received already. The size of the county's health and mental health systems was one factor in breaking out DMH, the Department of Health Services, and the Department of Public Health into a single cluster, since making one DCEO accountable for more than those three vast departments seemed unrealistic. The Champs process—short for 'champions,' high-level managers from DCFS, Probation, Mental Health, Public Health, and Health Services—drives all planning, and Champs managers meet every Thursday at 12:30 p.m. for ongoing dialogue. Ms. Ploehn characterized the new governance structure as matrix management, with department directors and management teams charged with working collaboratively across clusters.

METROPOLITAN STATE HOSPITAL CHILD AND ADOLESCENT CLIENTS

Mental health facilities for severely ill children and adolescents are fast disappearing all across California, and until recently, Metropolitan State Hospital in Norwalk had the only local beds for this population. That facility's shuttering was announced in July, and although the state has since rescinded permission for its immediate closure, its lifespan is limited and county officials are arranging for the 11 youth (four boys and seven girls) currently housed there to transfer to other placements. Four youth are from DCFS, four from DMH, and three from Probation.

According to Paul McIver from the Department of Mental Health, one youth will be relocated to Fairview Developmental Center in Costa Mesa, run by the California Department of Developmental Services. Star View Adolescent Center in Torrance is being approached to take three youth, Vista Del Mar Child and Family Services in West Los Angeles is considering two, and referrals to full-service partnerships or wraparound are being considered for another two. Responsibility for one youth is being transferred to Riverside County, where a parent is in residence. AB 3632 assessments, difficult to obtain during the summer months when school is not in session, are pending for the remaining youth. Mr. McIver introduced Bart Callendar, the staff person supervising the Metro program, thanking him for his heroic efforts in coordinating discharge planning.

Although arrangements for these youngsters are proceeding relatively smoothly, Mr. McIver expressed concerns about the future. Without the hospital resource, county agen-

cies will have to spend more time working with contractors to determine what additional services are needed for youth to enter high-level programs, how they can benefit, and how the safety of staff can be ensured. “We’ve been the victim of our own success,” Mr. McIver said, in keeping youngsters out of state hospitals, which has often been considered the placement of last resort. As the census dwindled, so did the number of available beds. Ten years ago, for example, Metro had 120 beds for children and adolescents, but now no one under age 13 is there, and the county has at times had to turn to Riverside and San Francisco counties for placements.

Youth not placed at Metro have usually ended up in jail, Commissioner Biondi said, holding tanks with drugs, where they see a counselor perhaps twice in three months. Huge numbers of youth with serious mental health issues are incarcerated, and staff at the camps and juvenile halls—where the shift in population has altered the focus of many programs—are not trained to deal with those illnesses. With the reduction of thousands of mental-health beds statewide, Mr. McIver said, alternatives to keep children and families together are key, as are targeted residential treatment programs—high-level group homes that can connect to wraparound services and specifically address treatment needs with measurable outcomes. Although investments in the training, recruitment, and retention of staff are costly, the future of group homes lies in short-term, intensive treatment from highly trained employees, getting youth back into their communities as soon as possible.

Other ideas being considered for youth who don’t fit into most programs include a differential use of the Dorothy Kirby Center (a secure facility in East Los Angeles jointly run by DMH and Probation) and asking acute psychiatric hospitals, which now offer short-term stabilization, to develop three- to six-month programs for youth. Placing youth in good residential treatment centers outside of California may also be an option.

As high-level residential homes were being downsized over the last few years, Commissioner Williams remembers provider concerns about not being able to maintain vacant beds, ready for youth who need them, without the income from those beds’ being occupied. That issue is a longstanding one, Dr. Sophy said, and the idea of funding waiting beds is under discussion.

Although the 23-hour emergency facility at the former MacLaren Children’s Center is no longer available, Dr. Sophy said that the psychiatric emergency services included in the Katie A. plan are intended to provide crisis intervention and stabilize children so they can remain in their placements. In addition, 1,074 full-service partnership slots are available countywide for children and transition-age youth through the Mental Health Services Act, whose state plan calls for focal populations that include the uninsured and underserved as well as young people experiencing problems in school and those coming out of the juvenile justice system.

Hospital stays are often truncated because funding cuts off after ten days, Chair Kleinberg said, and Dr. Sophy acknowledged the constraints inherent in the ‘medical necessity’ criterion. Discharge planning begins the day a child enters the hospital, and if patients continue to meet the medical necessity requirement, they remain hospitalized.

Otherwise, a step down to another milieu treatment unit is indicated if they cannot return to their home or placement. (Probation youth return to juvenile hall only if they came from there; group homes must take them back following hospitalization, and their treatment continues there.) Dr. Sophy's office tracks hospitalized DCFS children and sends monthly lists to the regional offices so that regional administrators can be aware of them and make connections when necessary.

Approximately 70 notifications per month are received of DCFS children hospitalized in acute care, and 15 per month of Probation youth. In 95 percent of cases, a discharge planning conference is held with the probation officer or children's social worker, a mental health worker, and the hospital discharge planner to make sure that appropriate post-hospitalization arrangements are made. Often, Mr. McIver said, a short length of stay in acute care is not a funding issue, but is more about clinical acuity, as hospitals are being paid to stabilize youth. Families are often approached to gauge their willingness to participate in voluntary programs like full-service partnerships or wraparound, working with county agencies to keep their children safe.

Commissioners requested a future report on arrangements for the 11 youth now at Metro, how the development of further high-end mental health beds is proceeding, and what efforts are being made to keep children from needing them. Michael Cooper introduced Andrea Gordon, the Probation Department's permanent representative to the Commission, and Commissioner Biondi asked to hear about the program she has done with the California Endowment at Los Padrinos Juvenile Hall. Commissioner Worthy-Clayton also suggested that Ms. Foster meet with Ms. Gordon to develop agenda items that would give Commissioners a broader view of Probation.

PUBLIC COMMENT

There was no public comment.

MEETING ADJOURNED